DLA SERIOUS INJURY/INCIDENT REPORT

FILL IN / CHECK BOXES THAT APPLY

Program/Center	Classroom	Phone
DLA Susquehanna CYP	122A Toddlers	770-7360

Name and Title of Person Completing Report
(b) (6) CYP Facility Director

Child's Name	Sex	Birthdate
(b) (6) (b) (6) (b) (6) (6)	☒ Male ☐ Female	(b) (6)

Witness Name and Title	Incident Date	Time of Incident
(b) (6) Caregiver	17AUG17	3:05 pm

Incident Description
At about 3:45pm, (b) (6) b) (6) informed me that (b) (6) had discovered (b) (6) was left alone in the classroom. The Training and Curriculum Specialist was notified and accountability of children was taken.

Name of Parent/Legal Guardian Notified	Date/Time Notified
(b) (6)	18AUG17/7:15am

Name and Title of Staff Member Notifying	Facility Nurse Notified?
(b) (6) Facility Director	☐ Yes ☒ No

Location of Incident
☒ Classroom ☐ Playground ☐ Doorway ☐ Office ☐ Home ☐ Gross Motor Room/gym
☐ Bathroom ☐ Lobby ☐ Hall ☐ Field Trip ☐ Unknown ☐ Other _____

Equipment Involved
☐ Classroom furnishing/fixture ☐ Climber ☐ Hand toy ☐ Slide
☐ Playground surface ☐ Trike/Bike ☐ Sandbox ☐ Swing ☐ Other _____

Cause of Incident
☐ Fall from equipment ☐ Bitten by child ☐ Insect sting/bite ☐ Pinched
☐ Hit/pushed by child ☐ Injured by object ☐ Motor vehicle ☐ Animal bite ☐ Other _____

Type of Injury
☐ Unknown ☐ Puncture ☐ Burn ☐ Tear ☐ Bruise/swelling ☐ Loss of consciousness
☐ Crushing Injury ☐ Sprain ☐ Scrape ☐ Cut ☐ Broken bone/dislocation ☐ Other _____

Part of Body Involved (Specify part of body on diagram)
☐ Eye ☐ Nose ☐ Tooth ☐ Other part of head ☐ Arm/wrist/hand ☐ Trunk ☐ Back/buttocks
☐ Ear ☐ Mouth ☐ Neck ☐ Other part of face ☐ Leg/ankle/foot ☐ Genitalia ☐ Other _____

SEE DIAGRAMS AND NOTES ON PAGE 3

First Aid Given
☒ Comfort ☐ Pressure ☐ Elevation ☐ CPR ☐ Bandage ☐ Washing ☐ Cold Pack
☐ Other

Treatment provided, medication and further treatment (if known)

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Notification	Date	Time
FAP		
Child Protective Services		
Child Development Coordinator	17AUG17	5:05 pm
Safety Office		
EMS		
Fire Department		
HA DLA CDS	17AUG17	5:05 pm
HQ DLA FAP		

Doctor/Dentist	Hospitalized (overnight) # of days

If Applicable, notification of Child and Family Resource Team (CFRT) formerly Special Needs Committee):

☐ Yes ☐ No

(b) (6) [redacted]

Date 18AUG17

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